MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/590597 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AS FILED** AFTER AFTER AS FILED I" AMENDMENT 2 MAMENDMENT 1" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS

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CLAIMS